# **Commonwealth of Massachusetts**

**Executive Office of Health and Human Services** 



## Chapter 257 of the Acts of 2008

Stakeholder and Provider Engagement Session:
Community Based Flexible Supports

**December 13, 2013** 

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## Agenda



## ❖ Chapter 257 of the Acts of 2008 – Timeline and Key Milestones

### Stakeholder Discussion

- Rate Models
- Specialty Services
- Core Services
- Non-Rehab Services
- Group Living Environments
- Operational Considerations

## Next Steps



## Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
  - Reasonable costs incurred by efficiently and economically operated providers
  - Reasonable costs to providers of any existing or new governmental mandate
  - Changes in costs associated with the delivery of services (e.g. inflation)
  - Substantial geographical differences in the costs of service delivery



## **Community Based Flexible Supports: Timeline**



# Proposed Timeline May 2013

Survey Results; Contract Data

#### **Summer 2013**

Model Development Rate considerations Input and Questions

#### **Fall 2013**

Regional Dialogues
Incorporating Stakeholder Input

#### Winter 2013-14

Rates shared with public

Winter 2014

Spring 2014

## **CBFS Pricing Analysis, Rate Development, Approval, and Hearing Process** Data Sources Identified or **Developed Provider & Interested Stakeholder Consultations Cost Analysis & Rate Methods Development** Review/ Approval: Departments, Secretariat, and Admin & Finance **Public Comment and Hearing Possible Revision / Promulgation**



## Community Based Flexible Supports: Feedback – November 18<sup>th</sup> Sessions



- EOHHS and DMH held two very well-attended provider sessions on Monday, November 18<sup>th.</sup> Verbal and written feedback as a result of the sessions was extensive – thank you.
- Overall, the proposed construct for CBFS rates was well-received and deemed to generally match the experience of providers.
- There were some specific feedback items, many of which are incorporated to some extent in updated models to be discussed today. Those include –
  - Office space
  - Transportation costs
  - Consulting
  - GLE Staffing Levels



# **Community Based Flexible Supports: Proposed Layers of Care**



## Other Community-Based Services

**Non-Rehab CBFS Services** 

**Core CBFS Services** 

**Group Living Environments (GLEs)** 

Specialty Services



# **Community Based Flexible Supports: Specialty Services**



DMH has established Specialty Models based on the following categories of service delivery:

- Clinically Intensive
- Medically Intensive (MiMi)
- Behavioral and Behavioral Assessment
- Fire Safety
- DBT



**UNIT RATE:** 

# **Specialty Programs – Clinical and Medical Models**



CBFS Clinically Intensive Co	iii. Care c	FTE	
Managamant		FIE	Expense
Management Company in the Professional		0.00	4.00/
Supervising Professional		2.00	10%
Medical and Clinical			
LPHA		1.00	5%
Direct Care			
DC Blended (DC I + II + III)		15.60	45%
Relief		2.40	6%
Total Program Staff		21.07	66%
Expenses			
Tax and Fringe	xx.xx%		14%
Total Compensation			80%
•			
[Consulting Services]		Hour	
Psychologist/Psychiatrist		52.00	TBD
Occupancy			6%
Food			2%
Transportation			1%
Other Expenses			0.25%
Total Reimb excl M&G			90%
	0.4		10%
Admin. Allocation	xx.xx%		10/0
Admin. Allocation  TOTAL	XX.XX%		100%

CBFS Medical Speciality Model			
	FTE	Expense	
Management			
Supervising Professional	1.00	8%	
Medical and Clinical			
RN	1.00	10%	
Certified Nursing Assistant (CNA)	3.00	17%	
Direct Care			
DC Blended (DC I + II)	6.00	27%	
_ Relief	0.92	4%	
<b>Total Program Staff</b>	11.92	65%	
Expenses			
Tax and Fringe xx.xx%		14%	
Total Compensation		79%	
[Consulting Services]	Hour		
Occupational Therapist	26.00	TBD	
LPHA	26.00	TBD	
Occupancy		7%	
Food		2%	
Transportation		2%	
Other Expenses		0.29%	
Total Reimb excl M&G		90%	
Admin. Allocation xx.xx%		10%	
TOTAL		100%	
CAF: x.xx%			
UNIT RATE:		TBD	

**TBD** 



# Specialty Programs – Behavioral Models



CBFS Intensive Behavioral Model			
		FTE	Expense
Management			
Supervising Professional		1.00	8%
Direct Care			
DC Evening Supervisor		1.00	6%
DC Blended (DC I + II + II	I)	10.00	44%
Relief		1.54	6%
<b>Total Program Staff</b>		13.54	64%
Expenses			
Tax and Fringe	xx.xx%		14%
Total Compensation			78%
[Consulting Services]		Hour	
Psychologist/Psychiatrist		52.00	TBD
Occupancy			<b>7</b> %
Food			2%
Transportation			2%
Other Expenses			0.29%
Total Reimb excl M&G			90%
Admin. Allocation	xx.xx%		10%
TOTAL			100%
CAF:	x.xx%		
UNIT RATE:			TBD

CBFS Comm. Behavioral	Assessment	: Model
	FTE	Expense
Management		
Supervising Professional	2.20	12%
Medical and Clinical		
Psychologist	0.50	10%
LPHA	0.75	4%
LPN	0.40	2%
Direct Care		
DC Blended (DC I + II + III)	9.20	29%
Relief	1.42	4%
<b>Total Program Staff</b>	13.47	60%
Expenses		
Tax and Fringe xx.	xx%	13%
<b>Total Compensation</b>		73%
[Consulting Services]	Hour	
Psychologist/Psychiatrist	208.00	TBD
Occupancy		10%
Food		3%
Transportation		1%
Other Expenses		0.41%
Total Reimb excl M&G		90%
Admin. Allocation xx.	xx%	10%
TOTAL		100%
CAF: X.X	κ <b>χ</b> %	
UNIT RATE:		TBD



# **Specialty Programs – Fire Safety and DBT**



CBFS Fire Safety Model			
		FTE	Expense
Management			
Supervising Professional		1.00	8%
Medical and Clinical			
Psychologist		0.12	4%
LPHA		0.05	0.4%
Occupational Therapist		0.12	1%
LPN		0.20	2%
Direct Care			
DC Evening Supervisor		0.50	3%
DC Blended (DC I + II + III)	)	8.62	42%
Relief		1.33	6%
Total Program Staff		11.94	66%
Expenses			
Tax and Fringe	xx.xx%		15%
Total Compensation			81%
Occupancy			5%
Food			2%
Transportation			2%
Other Expenses			0.22%
Total Reimb excl M&G			90%
Admin. Allocation	xx.xx%		10%
TOTAL			100%
CAF:	x.xx%		
UNIT RATE:			TBD

CBFS DBT Intensive	Model	
	FTE	Expense
Management		
Supervising Professional	1.00	<b>7</b> %
Medical and Clinical		
LPHA	1.50	9%
LPN	0.25	2%
Direct Care		
DC Blended (DC I + II + III)	10.50	40%
Vocational Coordinator	0.20	1%
Peer & Family Specialist	0.20	1%
Relief	1.62	5%
Total Program Staff	15.27	65%
Expenses		
Tax and Fringe xx.xx <sup>o</sup>	<b>6</b>	14%
<b>Total Compensation</b>		79%
Occupancy		<b>7</b> %
Food		2%
Transportation		2%
Other Expenses		0.30%
Total Reimb excl M&G		90%
Admin. Allocation xx.xx <sup>o</sup>	<b>%</b>	10%
TOTAL		100%
CAF: x.xx%	, D	
UNIT RATE:		TBD



# **Community Based Flexible Supports: Proposed Layers of Care**



## Other Community-Based Services

**Non-Rehab CBFS Services** 

**Core CBFS Services** 

**Group Living Environments (GLEs)** 

Specialty Services



# **Community Based Flexible Supports: CBFS Layers – Core Services**



### **CBFS Core Services (Outreach) Model**

Beds: 100	Enrollment	Days:	36,500
		FTE	Expense
Management			
Program Director		1.00	3%
Assistant Director (LIC	SW level)	1.00	3%
Program Functional M	anager	0.35	1%
Medical and Clinical			
Psychiatrist		0.05	1%
LPHA		4.00	11%
RN		2.00	8%
Substance Abuse Co	unselor	2.00	5%
Direct Care			
DC Blended (DC I + I	l + III)	10.00	17%
Housing Coordinator	·	0.50	1%
Vocational Coordinate	or	1.00	2%
Peer & Family Specia	alist	2.50	4%
Relief		0.75	1%
Support			
Prog Secretarial / Cle	erical	1.00	2%
Total Program Staff		26.15	60%

CBES Core S	ervices (Cont'd)	
Expenses	critico (cont a)	
Tax and Fringe	xx.xx%	13%
Total Compensation		73%
-		
[Consulting Services]	Hour	Expense
Occupational Therapy	55.00	TBD
Psychologist (Ph. D)	55.00	TBD
<b>Total Consulting Service</b>	es	TBD
Office Space		9%
Staff Training		1%
Transportation		2%
Incidental Medical/Medici	ne/Pharmacy	0.1%
Client Personal Allowance	es	0.1%
Other Expenses		2%
Direct Admin Expenses		3%
		17%
Total Reimb excl M&G		90%
Admin. Allocation	xx.xx%	10%
TOTAL		100%
CAF:	x.xx%	\$xx.xx
UNIT RATE:		TBD



## Community Based Flexible Supports: CBFS Layers – Non-Rehab Services



#### Non-Rehab includes:

- Documentation is reflective of no rehab option requirements (based on assessment by LPHA), service notes, etc.
- Emphasis on support anticipated

CBFS Non-Rehab	Model Budge	et
Beds: 100 Enro	Ilment Days:	36,500
	FTE	Expense
Management		
Assistant Director (LICSW lev	el) 1.00	9%
Medical and Clinical		
RN	0.10	1%
Direct Care		
DC Blended (DC I + II + III)	5.00	26%
Housing Coordinator	0.25	1%
Peer & Family Specialist	2.00	10%
Relief	0.38	2%
Support		
Prog Secretarial/Clerical	0.50	3%
Total Program Staff	9.23	51%
Evnences		
Expenses Tax and Fringe xx.:	xx%	11%
Total Compensation	AA 70	62%
Office Space		10%
Staff Training		1%
Transportation		2%
Incidental Medical/Medicine/F	harmacy	0.3%
Client Personal Allowances		0.3%
Other Expenses		6%
Direct Admin Expenses		9%
·		28%
Total Reimb excl M&G		90%
	xx%	10%
TOTAL		100%
CAF: X.>	x%	
UNIT RATE:		TBD



# **Community Based Flexible Supports: GLE Staffing Patterns**



The chart below shows the change in staffing pattern as GLE capacity increases.

### **Staffing Patterns in the GLE**

### **Capacity:**

#### **Direct Care Staff**

Site Manager Direct Care (DC I + II) Relief

	_		
4 to 6	7 to 9	10 to 12	13+
1.00	1.00	1.00	?
5.60	6.50	8.75	?
0.86	1.00	1.35	?

**Benchmark FTEs** 



## **Community Based Flexible Supports:** CBFS Layers – GLEs



# Group Living Environments (GLEs) include:

- Rate provides for staffing supervision costs alone – would also bill for Core Services for additional rehab, support and programming.
- Rates will be developed for GLEs at the capacity levels:
  - 4-6 beds,
  - 7-9 beds and
  - 10-12 beds
  - 0 13+

CBFS Standard	d GLE Mode	el Bud	get
Beds: 5	Enrollmen	t Days	: 1,825
		FTE	Expense
Direct Care			•
Site Manager		1.00	11%
DC Blended (DC I + II	l)	5.60	43%
Relief		0.86	6%
Total Program Staff		7.46	59%
Expenses			
Tax and Fringe	xx.xx%		13%
Total Compensation			72%
Occupancy			10%
Food			4%
Transportation			3%
Other Expenses			0.4%
			18%
Total Reimb excl M&	kG		90%
Admin. Allocation	XX.XX%		10%
TOTAL			100%
CAF:	x.xx%		
UNIT RATE:			TBD



## **Community Based Flexible Supports: Administrative Services Organization (ASO)**



- DMH is revisiting the concept of establishing an Administrative Services Organization (ASO) to manage state and federal subsidies for DMH clients when no other CBFS services are indicated.
- A third-party is needed to sign for the subsidies, and CBFS providers have been performing this function on behalf of ~350 CBFS consumers, or 3% of the overall CBFS population.
- The ASO is anticipated to perform the subsidy management work.
   DMH is currently working to further refine the function and timeframe for implementation.



## **Community Based Flexible Supports: CBFS Layers – Operational Considerations**



Many operational questions were raised during the provider sessions on November 18<sup>th</sup> regarding the proposed CBFS structure. Those are still under consideration, and include:

- How will new CBFS enrollees be managed?
- How will enrollees transition to/from different layers within CBFS?
- How will status changes be communicated with Providers?
- How long will a person continue with no "R" days before they are moved to Non-Rehab layer?
- When will a person's condition warrant moving from Non-Rehab to Core Services and vice versa?
- How will contract rent be reflected on UFR; will it mean a separate Schedule B entry?



## **Community Based Flexible Supports: Next Steps**



Next Provider and Stakeholder Input Session to be held:

February 2014
Worcester Recovery Center and Hospital
TBD

Today's meeting materials will be posted on Chapter 257 website: www.mass.gov/hhs/chapter257

Comments and questions regarding Chapter 257 process can be sent to: EOHHSPOSPolicyOffice@state.ma.us